PAGE 1 / 13

Image# 201507219000350253

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Only
NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If over the line	typing, type es.	12FE4M5	
THMCarePAC					ı
<u> </u>					
ADDRESS (number and street)	P.O. Box 10				
Check if different					
than previously reported. (ACC)	Parsons			TN L	38363
2. FEC IDENTIFICATION NUM	MBER ▼	CITY ▲		STATE A	ZIP CODE ▲
C C00484964	3	B. IS THIS REPORT X	NEW (N) OR	AM (A)	IENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	-	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15	(c) 12-Day PRE-Election	Primary	(12P)	General	(12G) Runoff (12R)
Quarterly Report (Q2)	Report for th		ion (12C)	Special (12S)
October 15 Quarterly Report (Q3))				
January 31 Year-End Report (YE)) EI	ection on	/ D D /	Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election		(30G)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Report for th	e:	/ D D /	Y . Y . Y . Y	in the
(IEN)	EI	ection on			State of
5. Covering Period 01	01 / 20	15 throu	gh 06	30	2015
I certify that I have examined this	Report and to the bes	st of mv knowledge	and belief it is tru	ue. correct and	d complete.
Type or Print Name of Treasurer	Jessica Redden				
Signature of Treasurer Jessica	Redden	[Electron	nically Filed] [Date 07	/ D D / Y Y Y Y Y Y 2015
NOTE: Outputies and A	and the control of the			his December 1	
NOTE: Submission of false, erroneo	us, or incomplete inform	nation may subject the	person signing t	nis Report to th	
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **THMCarePAC** 2015 06 30 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 235279.76 January 1, 2015 (b) Cash on Hand at 235279.76 Beginning of Reporting Period..... 12585.75 12585.75 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 247865.51 247865.51 6(a) and 6(c) for Column B)..... 70750.00 70750.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 177115.51 177115.51 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

			_				_
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	п	IV/I	ı .:4	10	-	Α	١.

I. Receipts	I. Receipts COLUMN A Total This Period		
. Contributions (other than loans) From:	<u>'</u>		
(a) Individuals/Persons Other			
Than Political Committees	2370.00	2370.00	
(i) Itemized (use Schedule A)	2370.00	2570.00	
(ii) Unitemized	10215.75	10215.75	
(iii) TOTAL (add			
Lines 11(a)(i) and (ii)▶	12585.75	12585.75	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees			
(such as PACs)	0.00	0.00	
(d) Total Contributions (add Lines			
11(a)(iii), (b), and (c)) (Carry			
Totals to Line 33, page 5)▶	12585.75	12585.75	
. Transfers From Affiliated/Other		7	
Party Committees	0.00	0.00	
,			
All Loans Received	0.00	0.00	
		7 7	
Loop Depayments Dessived	0.00	0.00	
. Loan Repayments Received	0.00	0.00	
(Refunds, Rebates, etc.)			
(Carry Totals to Line 37, page 5)	0.00	0.00	
5. Refunds of Contributions Made	7 7	7	
to Federal Candidates and Other			
Political Committees	0.00	0.00	
Other Federal Receipts	0.00	7	
(Dividends, Interest, etc.)	0.00	0.00	
3. Transfers from Non-Federal and Levin Funds	0.00	0.00	
(a) Non-Federal Account			
(from Schedule H3)	0.00	0.00	
(non conoddio rio)		0.00	
(I) I a is F a la (form O last I la II 5)	0.00	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
(c) Total Transiers (add Tota) and Tota))	0.00	0.00	
. Total Receipts (add Lines 11(d),			
12, 13, 14, 15, 16, 17, and 18(c))▶	12585.75	12585.75	
. Total Federal Receipts			
(subtract Line 18(c) from Line 19)▶	12585.75	12585.75	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	1000 11100	Calcinual Teal-to-Date
	(i) Federal Share	0.00	0.00
	(//	7	
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
	Transfers to Affiliated/Other Party		
	Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
	Independent Expenditures	0.00	0.00
	(use Schedule E)	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	(use collectule 1)		0.00
	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	200.00	200.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(Such as 1 AOS)	7	7
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	200.00	200.00
	Other Disbursements	70550.00	70550.00
	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) reueiai Silaie	3.00	
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	70750.00	70750.00
	-, ,,,,(2), 20 3 00(0)/	1010000	70730.00
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	70750.00	70750.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	12585.75	12585.75
4. Total Contribution Refunds (from Line 28(d))	200.00	200.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12385.75	12385.75
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF 13 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THMCarePAC Full Name (Last, First, Middle Initial) Tammie Arnold Date of Receipt Mailing Address 2565 Darden Christian Chapel Road 30 2015 06 City State Zip Code Transaction ID: SA11AI.5009 TN Darden 38328 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Employee Contribution Total PPE 1.1.15 thru 6.30.15 Name of Employer Occupation THM Accountant Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joe Luna Date of Receipt Mailing Address PO Box 256 30 06 2015 City State Zip Code Transaction ID: SA11AI.5011 TN Linden 37096 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Employee Contribution Total PPE 1.1.15 thru 6.30.15 Name of Employer Occupation Ampharm Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Rhonda Maness Date of Receipt Mailing Address 4615 Bible Grove Road M = M 30 06 2015 City Zip Code State Transaction ID: SA11AI.5012 TN Lexington 38351 Amount of Each Receipt this Period FEC ID number of contributing 240.00 С federal political committee. Employee Contribution Total PPE 1.1.15 thru 6.30.15 Name of Employer Occupation Ampharm RN Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 840.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOF	R LINE	NU	IMBER	:	PAGE	7	OF	13
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	×	11a		11b		11c	12		
		13		14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THMCarePAC Full Name (Last, First, Middle Initial) Richard McCormick Date of Receipt Mailing Address 1235 Thorntree Drive 30 2015 06 City State Zip Code Transaction ID: SA11AI.5015 TN 38024 Dyersburg Amount of Each Receipt this Period FEC ID number of contributing C 720.00 federal political committee. Employee Contribution Total PPE 1.1.15 thru 6.30.15 Name of Employer Occupation Administrator Northbrooke Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Julie Roberts Date of Receipt Mailing Address 2442 East Grove Road 06 30 2015 City State Zip Code Transaction ID: SA11AI.5014 TN Gleason 38229 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Employee Contribution Total PPE 1.1.15 thru 6.30.15 Name of Employer Occupation McKenzie Health Care Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lee Rooney Date of Receipt Mailing Address 3411 Shenandoah Lane 30 06 2015 City Zip Code State Transaction ID: SA11AI.5013 TN Cookeville 38506 Amount of Each Receipt this Period FEC ID number of contributing C 270.00 federal political committee. Employee Contribution Total PPE 1.1.15 thru 6.30.15 Name of Employer Occupation Administrator Bethesda Health Care Center Receipt For: Aggregate Year-to-Date ▼ Primary General

SUBTOTAL of Receipts This Page (optional)		Ξ	7	Ξ	Ξ	7		129	0.00	
TOTAL This Period (last page this line number only)		_	7	_	Ξ	7	_	Ξ	_	

270.00

Other (specify)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 8 OF 13 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THMCarePAC Full Name (Last, First, Middle Initial) Torrey Sheppard Date of Receipt Mailing Address 813 South Dickerson Road 30 2015 06 City Zip Code State Transaction ID: SA11AI.5016 TN Goodlettsville 37072 Amount of Each Receipt this Period FEC ID number of contributing C 240.00 federal political committee. Employee Contribution Total PPE 1.1.15 thru 6.30.15 Name of Employer Occupation Administrator Vanco Health Care and Rehabili Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... 2370.00 TOTAL This Period (last page this line number only).....

DULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 9 OF 1
ZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	(check only one)	
	Detailed Summary Page	21b 27	22 23 28b	24 25 2 28c × 29
rmation copied from such Reports and	atements may not be sold or use	d by any perso		
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E OF COMMITTEE (In Full)				
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emy Durham			Date of Disbursem	nent
g Address 802 FOUNDERS POINTE B	D		05 20	2015
	State Zip Code		Transaction ID :	SD20 5000
IKLIN	TN 37064		Transaction iD .	3629.3000
se of Disbursement paign contribution		011	Amount of Each D	isbursement this Period
date Name		Category/		4000.00
Causaliti		Type		1000.00
Sought: House Dis	rsement For: Primary General			
President	Other (specify)			
District:				
lame (Last, First, Middle Initial)				
slam Inaugural Committee 2	011, Inc		Date of Disbursem	
g Address 1701 West End Ave Suite 300			01 09	2015
ville	State Zip Code TN 37203		Transaction ID :	SB29.4990
se of Disbursement	5/205			
tribution		011	Amount of Each D	isbursement this Period
date Name		Category/ Type		700.00
	rsement For:			
Senate President	Primary General Other (specify) ▼			
District:	Other (specify)			
lame (Last, First, Middle Initial)				
nessee Financial Literacy	ommission		Date of Disbursem	nent
g Address P.O. Box 198782			04 / 09	2015
	State Zip Code		Tunner de la ID	CD20 5000
ville	TN 37219		Transaction ID:	SB29.5000
se of Disbursement		012		
date Name			Amount of Each D	isbursement this Period
		Category/ Type		1000.00
Sought: House Dis	rsement For:			
Senate	Primary General			
	Other (specify) ▼			
District.				
TAL of Disbursements This Page (onti-	al)			2700.00
date Name Sought: House Dis	Primary General Other (specify) ▼	·····	Amount of Each D	1

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 10 OF
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 23 24 25 28a 28b 28c X 29
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NAME OF COMMITTEE (In Full)			
> THMCarePAC			
Full Name (Last, First, Middle Initial)	- > /		Date of Disbursement
· TENNESSEE REPUBLICAN PART	Y		
Mailing Address 2424 21ST AVENUE			02 23 2015
SUITE 200			
,	State Zip Code		Transaction ID : SB29.4995
NASHVILLE Purpose of Disbursement	TN 37212		
Yearly Donation		012	Amount of Each Disbursement this Perio
Candidate Name			Total State of the Control of the Co
		Category/ Type	5000.00
Office Sought: House Disburser	nent For:		
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) Full TN Intercollegiate State Legislative	Eund		Date of Disbursement
- TN Intercollegiate State Legislative	runa		M M / D D / Y Y Y Y
Mailing Address P.O. Box 23213			02 27 2015
•	State Zip Code		Transaction ID : SB29.4997
Nashville Purpose of Disbursement	TN 37202		
Donation		012	Amount of Each Disbursement this Perio
Candidate Name		Category/	
		Type	250.00
Office Sought: House Disbursen			
Senate	Primary General		
President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
Jim Tracy			Date of Disbursement
			M M / D D / Y Y Y
Mailing Address P.O. BOX 332166			05 14 2015
Oit.	7:- 0-4-		
City S Murfreesboro	State Zip Code TN 37133		Transaction ID : SB29.5004
Purpose of Disbursement	300		
Campaign Contribution		011	Amount of Each Disbursement this Perio
Candidate Name		Category/	1500.00
000		Type	1500.00
Office Sought: House Disburser			
Senate President	Primary General Other (specify)		
State: District:	outer (opoony) ♥		
SUBTOTAL of Disbursements This Page (optional)			6750.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 11 OF 13
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c x 29 30b
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NAME OF COMMITTEE (In Full)			
THMCarePAC			
/ 			
Full Name (Last, First, Middle Initial) A. Waller Lansden Dortch & Davis LL	D		Date of Disbursement
Waller Lansderr Dorton & Davis LL	Г		M M / D D / Y Y Y Y
Mailing Address 511 Union Street			01 20 2015
Suite 2700	7:- 0-d-		
City S Nashville	State Zip Code TN 37219		Transaction ID : SB29.4992
Purpose of Disbursement	07210		
Registered Lobbyist Jeff Parrish		001	Amount of Each Disbursement this Period
Candidate Name		Category/	10000.00
Office Sought: House Disburser	nont For:	Туре	1000.00
Senate Disburser	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
B. Waller Lansden Dortch & Davis LL	Р		Date of Disbursement
Mailing Address 511 Union Street			02 19 2015
Suite 2700			02 10 2010
,	State Zip Code		Transaction ID : SB29,4994
Nashville Purpose of Disbursement	TN 37219		
Registered Lobbyist Jeff Parrish		001	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	10000.00
Office Sought: House Disburser			
Senate President	Other (appoint) — General		
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. Waller Lansden Dortch & Davis LL	Р		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 511 Union Street Suite 2700			02 27 2015
	State Zip Code		Turning ID ODGG 1000
Nashville	TN 37219		Transaction ID : SB29.4996
Purpose of Disbursement Registered Lobbyist Jeff Parrish		004	
Candidate Name		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	10000.00
Office Sought: House Disburser	ment For:	.,,,,	7
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
			30000.00
SUBTOTAL of Disbursements This Page (optional)		·····•	3000.00
TOTAL This Period (last page this line number only)			
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SCHEDULE B (FEC Form 3X)	11	, FOR LINE	NUMBER: PAGE 12 OF 13
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oricon oriny	
	Detailed Summary Page		22 23 24 25 26 28a 28b 28c X 29 30b
Any information copied from such Reports and Stater	nents may not be sold or u		
or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)			
│			
Full Name (Last, First, Middle Initial)			
A. Waller Lansden Dortch & Davis LL	P		Date of Disbursement
			M M / D D / Y Y Y
Mailing Address 511 Union Street			03 30 2015
Suite 2700 City	State Zip Code		
Nashville	TN 37219		Transaction ID: SB29.4999
Purpose of Disbursement			
Registered Lobbyist Jeff Parrish		001	Amount of Each Disbursement this Period
Candidate Name		Category/	10000.00
Office Sought: House Disburser	ment For:	Туре	
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)	D		Data of Dishursament
B. Waller Lansden Dortch & Davis LL	۲.		Date of Disbursement
Mailing Address 511 Union Street			04 29 2015
Suite 2700			
,	State Zip Code		Transaction ID : SB29.5002
Nashville Purpose of Disbursement	TN 37219		
Registered Lobbyist Jeff Parrish		001	Amount of Each Disbursement this Period
Candidate Name		Category/	10000 00
		Type	10000.00
Office Sought: House Disburser			
Senate President	Other (specify) General		
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			
C. Waller Lansden Dortch & Davis LL	Р		Date of Disbursement
-			M M / D D / Y Y Y Y
Mailing Address 511 Union Street			05 20 2015
Suite 2700 City	State Zip Code		
Nashville	TN 37219		Transaction ID: SB29.5007
Purpose of Disbursement Registered Lobbyist Jeff Parrish			
Candidate Name		001	Amount of Each Disbursement this Period
Candidate Hame		Category/ Type	10000.00
Office Sought: House Disburser	ment For:	1,750	
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
			30000.00
SUBTOTAL of Disbursements This Page (optional)		·····	30000.00
TOTAL This Period (last page this line number only)	 		
i	,		

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) THMCarePAC			
Full Name (Last, First, Middle Initial) A. Leigh Wilburn Mailing Address 12915 S. Main Street			Date of Disbursement M
City Somerville Purpose of Disbursement	State Zip Code TN 38068		Transaction ID : SB29.5005
Contribution Candidate Name		011 Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) B. Mailing Address			Date of Disbursement
	State Zip Code		
Purpose of Disbursement Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)	туре	
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
Mailing Address			
City S Purpose of Disbursement	State Zip Code		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)			1000.00
TOTAL This Period (last page this line number only)			70450.00